

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/551,146-Conf. #4136
	Filing Date	September 28, 2005
	First Named Inventor	Kaiser, Ulrich
	Title	TESTING BODY, PARTICULARLY FOR VERIFYING THE PENETRATION PROPERTIES OF A STERILIZING AGENT IN STERILIZATION PROCESS
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
Attorney Docket No.		20831/0204871-USO

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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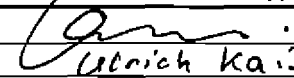
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2006, 11, 10
Name	Ulrich Kaiser	Telephone	
Title and Company	General Manager, 64E-6mb4		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.